



HamMUN 2018

"Reflect the Past. Reshape the Future."

**UNITED NATIONS HIGH
COMMISSIONER FOR REFUGEES**

Hamburg Model United Nations

29th November – 2nd December

www.hammun.de

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WELCOME LETTER

Dear delegates,

We warmly welcome you all to HamMUN 2018 and to the United Nations HCR! We cannot stress enough how much of an honor it is for us to be your committee chairs. We are a pretty international chair team; Daria is from France, Giacomo from Italy and Niklas from Germany. Therefore you can be sure to not hear a single word in German from our side.

Our hope is that every single delegate feels comfortable and has lots of fun during the weekend. You probably already know how amazing of a city Hamburg is. With the undoubtedly pleasant socials the conference has the safe potential to be an unforgettable time for everybody.

As important as having a good time is, a MUN conference is of course work, too. Nevertheless, being able to pass a resolution after a long process of negotiations is a worthy reward. The two chosen topics are exciting and complex. We hope the following guide gives you all the necessary input to prepare for a fruitful and heated debate.

We look very much forward to get to know you all! If you have any questions, do not hesitate to contact us.

See you all soon!

Kindest regards,

Daria, Giacomo and Niklas

INTRODUCTION TO THE COMMITTEE

The United Nations High Commissioner for Refugees or the UN Refugee Agency was founded in 1950¹. Its mandate is described in Chapter I of the “Statute of the Office of the United Nations High Commissioner for Refugees”² as a part of the General Assembly Resolution 428 (V) of December 1950³:

The United Nations High Commissioner for Refugees, acting under the authority of the General Assembly, shall assume the function of providing international protection, under the auspices of the United Nations, to refugees who fall within the scope of the present Statute and of seeking permanent solutions for the problem of refugees by assisting Governments and, subject to the approval of the Governments concerned, private organizations to facilitate the voluntary repatriation of such refugees, or their assimilation within new national communities.

To specify, the core mandate of the UNHCR covers refugees and asylum-seekers, returnees, stateless persons and Internally Displaced Persons (IDPs)⁴; the Agency provides aid to these groups, most notably during times of global crises. The organization is non-political and all member states are expected to cooperate; most of their staff works directly in the field⁵.

Most important for our session are refugees. Article 1 of “The 1951 Refugee Convention”⁶ defines a refugee as “any person who (...) owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country”. People falling under the definition get special protection and must not be sent back to a country where their life or freedom is being threatened (principle of non-refoulement).

One thing all delegates have to keep in mind: **The UNHCR is not responsible for migrants.** Migrants and refugees are two different groups of people. Migrants leave their country because of economic reasons; therefore, they do not receive the same amount of international protection refugees get. Migrants fall under the mandate of the International Organization for Migration⁷.

At first, the Convention only covered people displaced before January 1951, due to the fact that the Agency’s primary goal at the time was to take care of all refugees and displaced persons in Europe that emerged from the Second World War. The “1967 Protocol Relating to the Status of Refugees”⁸ broadened the definition to all individuals in danger at any time.

¹ “History of UNHCR”, UNHCR, <http://www.unhcr.org/history-of-unhcr.html>, last accessed 13 August 2018.

² <http://www.unhcr.org/protection/basic/3b66c39e1/statute-office-united-nations-high-commissioner-refugees.html>, last accessed 13 August 2018.

³ <http://www.unhcr.org/excom/bgares/3ae69ee64/statute-office-united-nations-high-commissioner-refugees.html>, last accessed 13 August 2018.

⁴ “Note on the mandate of the High Commissioner for Refugees and his Office”, UNHCR, <http://www.unhcr.org/protection/basic/526a22cb6/mandate-high-commissioner-refugees-office.html>, last accessed 13 August 2018.

⁵ “Figures at a Glance”, UNHCR, <http://www.unhcr.org/figures-at-a-glance.html>, last accessed 13 August 2018.

⁶ “The 1951 Refugee Convention”, UNHCR, <http://www.unhcr.org/1951-refugee-convention.html>, last accessed 13 August 2018.

⁷ „Mandate“, IOM, <https://www.iom.int/mandate>, last accessed 13 August 2018.

⁸ Ibid.

Furthermore, it is important to add that when the definition was crafted, a refugee was defined as a person fleeing from a government. As of today, the UNHCR has broadened its definition to include people who are fleeing from any kind of armed conflict or “man-made disasters”⁹, so that the definition can be applied to cases of people fleeing from terrorism or civil wars as well.

The UNHCR is governed by the Economic and Social Council and by the General Assembly which appoints the High Commissioner. The Agency publishes an annual report on the situation of refugees worldwide. Resolutions are adopted via the General Assembly’s Third Committee¹⁰. The UNHCR has built a formidable network: It has developed partnerships with more than 900 partners, including NGOs, governmental institutions and other UN agencies¹¹. Regardless of budgetary restrictions, the organization is the most influential and successful advocate for the rights of people fleeing from danger.

⁹ “Chapter Three. Refugee Status and Resettlement”, UNHCR, www.unhcr.org/3d464c954.pdf, p. 80, 81, last accessed 13 August 2018.

¹⁰ “United Nations General Assembly”, UNHCR, <http://www.unhcr.org/united-nations-general-assembly.html>, last accessed 13 August 2018; “Governance and Oversight”, UNHCR, <http://www.unhcr.org/governance.html>, last accessed 13 August 2018.

¹¹ “Non-Governmental Organizations”, UNHCR, <http://www.unhcr.org/non-governmental-organizations.html>, last accessed 13 August 2018.

TOPIC A: INTEGRATION OF REFUGEE CHILDREN

HISTORY AND BACKGROUND OF THE PROBLEM

The most vulnerable sub-group of refugees, refugee children, have seen an alarming growth in number. There were 8 million refugee children in 2016¹²; an increase of 75% from 2011. Having not matured either physically or mentally, they are incredibly prone to the dangers that being a refugee presents and they face devastating events that, which can be traumatic and impact a child later in life¹³. Refugee children are generally categorized into three groups - Accompanied, Separated, and Unaccompanied¹⁴ - according to their familial situation. 'Separated Children' have been separated from their parents; 'Unaccompanied Children' have been separated from all adult relatives. Separated and Unaccompanied Children (UASC) are particularly vulnerable and create an easy target for all kinds of abuse along their journey.

One of the key documents that addresses the situation of refugee children is the 1989 Convention on the Rights of the Child¹⁵. This treaty defines a child as anyone under the age of 18 and sets out the civil, political, economic, social, health and cultural rights of children, so that nearly every aspect of a child's life is covered. The portion of this treaty which is especially important when it comes to refugee children is the Principle of Non-Discrimination:

*States Parties shall respect and ensure the rights set forth in the present Convention to **each child within their jurisdiction** without discrimination of any kind... (Convention on the Rights of the Child, Article 2)*

Among the rights ensured in this document are the rights to health (art. 24), to education (art. 28), and to an adequate standard of living (art. 27); and are key to the process of development and integration of children refugees.

The term 'integration' is not well-defined and the meaning of it can vary widely from country to country¹⁶. The notion of 'local integration' is frequently used in the refugee context and yet it lacks any formal definition in international refugee law. However, what the UN calls **local integration** within the host community is one of the three "durable solutions" the UNHCR has set for refugees; next to **repatriation** to the country of origin and **resettlement** in a third state¹⁷. Local integration is a gradual process in which – in the best case – the displaced person acquires the nationality of its host country. During the time of his or her stay, he or she

¹² UNICEF Annual Report 2016 https://www.unicef.org/publications/files/UNICEF_Annual_Report_2016.pdf , last accessed 4 September 2018.

¹³The National Child Traumatic Stress Network, "Refugee Trauma" <https://www.nctsn.org/what-is-child-trauma/trauma-types/refugee-trauma>, last accessed 4 September 2018.

¹⁴ OHCHR, "Treatment of unaccompanied and separated children outside their country of origin" <https://www2.ohchr.org/english/bodies/crc/docs/GC6.pdf>, last accessed 4 September 2018.

¹⁵ Convention on the Rights of the Child, OHCHR, <https://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>, last accessed 22 August 2018.

¹⁶ Alastair Ager, Alison Strang; Understanding Integration: A Conceptual Framework, *Journal of Refugee Studies*, Volume 21, Issue 2, 1 June 2008, Pages 166–191, "Introduction", <https://doi.org/10.1093/jrs/fen016>, last accessed 4 September 2018.

¹⁷ "Solutions", UNHCR, <http://www.unhcr.org/solutions.html>, last accessed 14 August 2018.

shall become less dependent on the host government by building lasting relations with his or her new environment¹⁸ with the aim of becoming a fully integrated individual who stands solidly on its own.

Only a small part of the refugees are resettled (approximately 125,000 in 2016, which is less than 1% of the total amount)¹⁹. Therefore, when repatriation is not an option, local integration in the country of asylum becomes the only possible durable solution available to refugees. With so many refugee children, their integration is a pressing matter that has the potential to impact the development of future generations all over the world. This issue, therefore, must be addressed - it is the duty of the international community to protect the ones who cannot protect themselves²⁰. Integrating it into the host society could be an effective approach. The international community is well aware of the fragile nature of minors; multiple resolutions and conventions have been adopted addressing the protection of refugee children and children in general. The UNHCR itself has published guidelines on how to treat refugee children²¹. But there is still a lot of work to be done.

CURRENT SITUATION

As of today, children make up over half of the world's refugees, but they account for less than a third of the global population²². In 2015, about 75% of all child refugees under UNHCR's mandate came from only 10 countries: Syria, Afghanistan, Somalia, South Sudan, Sudan, Democratic Republic of the Congo, Central African Republic, Myanmar, Eritrea and Colombia. Despite the media's focus on Syrians in Europe, in reality the majority of refugees live in a neighbouring country of their country of origin. The ten countries hosting the largest numbers of refugees are all located in Asia and Africa; the top three being Turkey, Pakistan and Lebanon with 2.5, 1.6 and 1.1 million refugees hosted in 2015 respectively. In all these countries, children account for at least half of the refugee population²³.

Moreover, the number of children crossing borders on their own is increasing. The United Nations Children's Fund counted 300,000 unaccompanied and separated children (UASC) worldwide in 2015 and 2016, which is an increase of 66,000 from 2010 and 2011. Overall, some 200,000 applied for asylum in around 80 countries, including 170,000 who applied for asylum in Europe. The actual number of applications is expected to be higher due to the fact

¹⁸ "UNHCR Global Report 2017 - Building better futures", p. 4, UNHCR, 2017, available at: <http://www.unhcr.org/solutions.html>.

¹⁹ "Resettlement Fact Sheet 2016", UNHCR, <http://www.unhcr.org/59364f887>, last accessed 22 August 2018.

²⁰ "The responsibility to protect", UN, 2012 <http://www.un.org/en/preventgenocide/rwanda/pdf/bgresponsibility.pdf>

²¹ See "Refugee Children: Guidelines on Protection and Care", UNHCR, www.unhcr.org/protect/PROTECTION/3b84c6c67.pdf, last accessed 14 August 2018;

See also "UNHCR's Executive Committee Conclusion on Children at Risk", UNHCR, 05 October 2007, <http://www.unhcr.org/protection/children/50f6d4746/unhcrs-executive-committee-conclusion-children-risk.html>, last accessed 14 August 2018.

²² UNICEF, 2016 Annual Report, https://www.unicef.org/publications/files/UNICEF_Annual_Report_2016.pdf, last accessed 4 September 2018.

²³ "Where do they go?", Alex Gray, <https://www.weforum.org/agenda/2016/09/the-number-of-child-refugees-around-the-world-has-risen-rapidly-finds-new-unicef-report/>, last accessed 22 August 2018.

that many countries outside North America and Europe do not collect data on the number of unaccompanied child refugees²⁴.

Once the refugee children arrive at the country of asylum, they are usually admitted to reception centres or refugee camps with their families; the reception systems vary greatly across and within countries²⁵. For unaccompanied and separated children, family tracing is done as soon as possible so that they could be reunited with their family members²⁶.

EDUCATION

The UNHCR believes that education is crucial to the integration of refugee children as it has the power to protect, empower and enlighten them²⁷. Education will aid children refugees in acquiring the local language and customs as well as granting them tools to establish an adult life in the asylum country should the need arise. To address the issue, the UNHCR launched its Education Strategy 2012-2016²⁸; with the objectives of ensuring the access to primary and secondary education for refugees and their integration in the national school systems. As a result, among other things, several scholarships have been awarded to adolescent refugees and several schools have benefited from new teaching technologies facilities -- notably in Africa. Unfortunately, as of 2016, at least 3.5 million of the six million refugees of school-going age remain without access to education. Less than 50 percent of refugee children are enrolled at the primary school level in low-income countries, compared to an average of nearly 91 percent of children globally²⁹.

HEALTHCARE

Another indicator of integration, according to the OECD, is the access to healthcare³⁰. According to the Convention on the Rights of the Child, all children are supposed to enjoy the same health rights, but that is not always the case. The lack of financial resources often constitutes a barrier to healthcare access. Furthermore, depending on the child's journey, additional medical care may be necessary. Indeed, the issue of psychological support and mental health care will need to be tackled appropriately as many children refugees suffer from post-traumatic stress disorders, depression and anxiety. Moreover, healthcare as it is provided today does not always take into consideration the language barrier or the cultural practices of refugees, notably regarding girls and young women³¹.

²⁴ Press Release, UNICEF, https://www.unicef.org/media/media_92725.html, last accessed 22 August 2018.

²⁵ UNHCR, "Reception Standards for Asylum Seekers in the European Union" <http://www.unhcr.org/4aa763899.pdf>, last accessed 4 September 2018.

²⁶ UNHCR, "Refugee Children: Guidelines on Protection and Care", Chapter 10 "Unaccompanied Children" <http://www.unhcr.org/protect/PROTECTION/3b84c6c67.pdf>, last accessed 4 September 2018.

²⁷ UNHCR website, <http://www.unhcr.org/education.html>, last accessed 4 September 2018.

²⁸ « Educatin Strategy 2012-2016 », UNHCR, <https://cms.emergency.unhcr.org/documents/11982/53527/UNHCR+Refugee+Education+Strategy+2012+--+2016/8561f5dc-0406-43b9-b476-983bcab709bd>, last accessed 23 August 2018.

²⁹ "Left behind: Refugee Education in Crisis", UNHCR <http://www.unhcr.org/59b696f44.pdf>, last accessed 4 September 2018.

³⁰ "Making Integration Work : Refugees and others in need of protection", OECD 2016 Report, <https://doi.org/10.1787/9789264251236-en>, last accessed 4 September 2018.

³¹ "Health care of refugee women", Daniela Costa for PeaceWomen,

http://www.peacewomen.org/assets/file/Resources/Academic/Health-Disp_HealthRefWomenVol36_AFP_Mar2007.pdf, last accessed 4 September 2018.

DISCRIMINATION

Some of the major impediments to integration that children refugees may experience on a daily basis are racism and ignorance. It can take the forms of harassment and bullying, but it can also be experienced at the institutional level. When children are targets of racial discrimination, they are more likely to experience mental health disorders such as anxiety, depression, suicidal behaviour and other behavioural disorders³². They are also at higher risk of getting a cardiovascular disease during their life. It is, therefore, of capital importance to promote cultural sensitivity and inclusiveness among all citizens -- including children.

DEBATES OVER INTEGRATION

Although the integration of refugee children in their country of asylum must include both social and cultural dimensions, no child should have to forego their own cultural identity. In fact, article 30 of the Convention on the Rights of the Child gives to every child who belongs to an "ethnic, religious or linguistic" minority or indigenous group "the right, in community with other members of his or her group, to enjoy his or her culture, to profess and practice his or her own religion, or use his or her own language"³³. While the international community has always rejected the notion that refugees should be expected to abandon their own culture and way of life, opinions differ when deciding on more practical aspects. These include topics such as the teaching of the children refugees' mother tongue in school or the display of religious symbols in public areas to name a few. Furthermore, different approaches to integration -even different ideologies - exist among countries.

The laissez faire approach, on the one hand, regards refugees as residents and thus no action is taken regarding their integration³⁴. On the other hand, the differentialist approach emphasizes the distinction between ordinary citizens and refugees, and aims to provide clear conditions for their integration into society³⁵. In addition to the divergence of approaches, the fear of radicalization of asylum-seeking young people by extremist groups such as the Islamic State is another problem that is challenging integration policies lately, especially in Europe³⁶. It is, therefore, one more concern to take into account when discussing the integration of children refugees.

³² „Research reveals what racism can do to a child's body », DR. Naomi Priest for UNICEF, 2016 <https://www.unicef.org.au/blog/news-and-insights/november-2016/research-reveals-what-racism-can-do-to-a-childs-body>, last accessed 23 August 2018.

³³ "Convention on the Rights of the Child", OHCHR, <https://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>, last accessed 4 September 2018.

³⁴ "Policy Innovation in Refugee Integration?", Dr. Peter Scholten, Fleur Baggerman, Linda Dellouche, Venja Kampen Julia Wolf, Rick Ypma, <https://www.rijksoverheid.nl/binaries/rijksoverheid/documenten/rapporten/2017/11/03/innovatieve-beleidspraktijken-integratiebeleid/Policy+innovation+in+refugee+integration.pdf>, last accessed 4 September 2018.

³⁵ "The return of assimilation? Changing perspectives on immigration and its sequels in France, Germany, and the United States", Rogers Brubaker, http://www.sscnet.ucla.edu/soc/faculty/brubaker/Publications/21_Return_of_Assimilation.pdf, last accessed 5 September 2018.

³⁶ "Islamic State recruiting child refugees as they head to Europe", Ben Farmer for *The Telegraph*, 2017 <https://www.telegraph.co.uk/news/2017/02/06/islamic-state-recruiting-child-refugees-head-europe/>, last accessed 5 September 2018.

QUESTIONS A RESOLUTION SHOULD ANSWER

- Should there be a universal definition of local integration? What should it be?
- What should be the role of the state in the integration of refugee children?
- What should be the role of the international community in shaping policies regarding the integration of refugee children?
- What can be done to improve the integration of refugee children into education systems?
- What measures can be taken in order to eradicate discrimination and racism in schools?
- Should there be measures oriented at anti-radicalization targeted at children refugees?
- How should health issues among children refugees be addressed? Should there be a specific targeting or generic measures?
- How can the barriers faced by children refugees for getting access to healthcare be removed?
- What can be done to foster the cultural integration of children refugees?
- How can contact between refugee children and the rest of society (apart from school) be promoted?

SUGGESTIONS FOR FURTHER RESEARCH

For information about developments that have occurred in education for refugee children between 2014 and 2017: “Update on Education”, Executive Committee of the High Commissioner’s Programme:

<http://www.unhcr.org/593917957.pdf>

“Rights of Refugees in the Context of Integration: Legal Standards and Recommendations”, UNHCR. This document has been published in 2006, but the recommendations it gives are still relevant for refugee children to this day, especially in the field of education and health care:

<http://www.unhcr.org/44bb90882.pdf>

In order to understand the specific needs of children refugees: “Refugee Children: Guidelines

on Protection and Care”, UNHCR. Chapter 3 about culture and Chapter 4 about psychosocial wellbeing are particularly relevant for the committee’s topic:

<http://www.unhcr.org/protect/PROTECTION/3b84c6c67.pdf>

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“High Commissioner’s Dialogue on Protection Challenges, 2016”, UNHCR <http://www.unhcr.org/high-commissioners-dialogue-on-protection-challenges-2016.html>

“UNICEF: Number of unaccompanied refugee children soars”, Al Jazeera and News Agencies, 18 May 2017, <https://www.aljazeera.com/news/2017/05/unicef-number-unaccompanied-refugee-children-soars-170518063920980.html>

TOPIC B: CONTAGIOUS DISEASES IN REFUGEE CAMPS

HISTORY AND BACKGROUND OF THE PROBLEM

Refugee camps are temporary settlements constructed to accommodate refugees awaiting settlement within their country of asylum³⁷. Most camps are run by either the local government, the United Nations or NGOs; their efforts include providing all the facilities within the camp as well as insuring the safety of all the inhabitants.

Approximately 68.5 million people were forced to leave their homeland by the end of 2017. Of the 25.3 million that are considered refugees at the moment³⁸, 2.6 million (10%) live in a refugee camp³⁹. The largest refugee camps exist in developing countries with examples ranging from Bangladesh to Uganda, Kenya and Tanzania. The former is also the host of the largest refugee camp in the world (Kutupalong), which houses more than 800,000 refugees⁴⁰.

Most states are largely unprepared to host such a number of people at once and have no mechanism in place to deal with the resettlement of a large influx of refugees within its borders. The respective organizations and state departments are not always able to execute asylum procedures and other administrative duties on a rolling basis due to the massive flow of incoming escapees. This creates a situation in which the refugee camps that were intended as a temporary solution usually end up being an almost permanent one: the average time a refugee will spend inside a camp is 17 years⁴¹.

The fact that the number of refugees that leave the camps is smaller than the number of refugees that are admitted into them creates yet another problem: the camps get overpopulated. The constructed complexes do not always have the necessary capacities to host that many people, either space-wise or personnel-wise.

Numerous problems in refugee camps arise from these circumstances. It is challenging to ensure the safety of the residents of the camp, both from within and from without; to provide education and to enable freedom of movement⁴². But most challenging of all is maintaining a high hygienic and medical standard within these camps in order to prevent an epidemic.

Contagious or infectious diseases are "caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from

³⁷ "What is a Refugee Camp?", UNHCR, <https://www.unrefugees.org/refugee-facts/camps/>, last accessed 14 August 2018.

³⁸ "Figures at a Glance", UNHCR, <http://www.unhcr.org/figures-at-a-glance.html>, last accessed 13 August 2018.

³⁹ "What is a Refugee Camp?", UNHCR, <https://www.unrefugees.org/refugee-facts/camps/>, last accessed 14 August 2018.

⁴⁰ "World's Largest Refugee Camps in 2018", raptim, <https://www.raptim.org/largest-refugee-camps-in-2018/>, last accessed 14 August 2018.

⁴¹ "Refugee Camp", everypedia, https://everipedia.org/wiki/Refugee_camp/, last accessed 14 August 2018.

⁴² "The Case against Refugee Camps", Jeff Crisp, Refugees International, <https://www.refugeesinternational.org/blog/refugeecamps>, last accessed 03 September 2018; "Challenges Facing Refugee Camps in Jordan", Muslim Aid Blog, <https://www.muslimaid.org/media-centre/blog/challenges-facing-refugee-camps-in-jordan/>, last accessed 03 September 2018.

one person to another⁴³. That means that the chance of a person catching a certain disease rises in proportion to the number of infected people they interact with.

Refugee camps are a hotbed for these diseases: these are crowded places in which people tend to share water sources and sanitary facilities due to the lack of reliable infrastructure. This lowered level of hygiene combined with the density of the camps increases the risks of diseases such as diarrhoea, measles, influenza, viral hepatitis or even malaria⁴⁴. This effect is additionally amplified as a result of the long journey refugees made in order to reach a camp, during which he or she had no access to medical care whatsoever.

The UNHCR has reacted by publishing recommendations regarding hygiene standards in order to contain the problem⁴⁵; nevertheless, the effort is not sufficient due to the overwhelming amount of refugees in them⁴⁶. There are numerous reports of cholera outbreaks in African refugee camps as well as in facilities at the Turkish-Syrian border⁴⁷, just to name a few.

In the case that a certain disease has unfolded among the inhabitants of a refugee camp there is the imminent danger of camp staff being infected. In that way diseases could further spread outside of the camp, ultimately infecting the surrounding host country as well. The same holds true for infected refugees finally leaving a camp, bringing epidemics to the outside world.

CURRENT SITUATION

Despite the efforts of the international community for effective prevention measures, several outbreaks of contagious diseases have occurred in refugee settings in the last years. A well-known example is the Rohingya refugee crisis. Since August 2017, over 700,000 Rohingya have fled to Bangladesh in an effort to escape targeted violence in Myanmar.⁴⁸ Due to “atrocious living conditions, [...] with many people lacking access to health care, safe drinking water, latrines and food”⁴⁹, multiple outbreaks of vaccine-preventable diseases have been registered; including a severe outbreak of measles between September 2017 and January 2018 and thousands of cases of diphtheria, a long-forgotten disease, which causes the obstruction of the airway and may be fatal without proper treatment.⁵⁰

Another recent example is the outbreak that hit the Borno State of Nigeria in August 2018, when more than 1,000 cases of Acute Watery Diarrhoea (AWD) were reported. According to local authorities, the source of the outbreak was in refugee camps that are home of thousands

⁴³ “Infectious diseases”, WHO, http://www.who.int/topics/infectious_diseases/en/, last accessed 14 August 2018.

⁴⁴ “Refugee Camp”, everypedia, https://everipedia.org/wiki/Refugee_camp/, last accessed 14 August 2018.

⁴⁵ Ibid.

⁴⁶ “Containing disease in a Syrian refugee camp in Iraq”, IRIN, <http://www.irinnews.org/report/98349/containing-disease-syrian-refugee-camp-iraq>, last accessed 14 August 2018.

⁴⁷ Vidushi Sinha, “Refugee Camps Spread Life-Threatening Diseases”, VOA News, 18 September 2012, https://www.voanews.com/a/refugee_camps_spread_life_threatening_diseases/1510578.html, last accessed 14 August 2018.

⁴⁸ Médecins Sans Frontières, “Rohingya Refugee Crisis”, MSF, accessed 10 September 2018, <https://www.msf.org/rohingya-refugee-crisis-depth>.

⁴⁹ Ibid.

⁵⁰ Ibid.

of Internally Displaced People (IDPs), who were forced to leave their villages because of the violence caused there by the terrorist group Boko Haram.⁵¹

In order to reduce the number of outbreaks like the ones mentioned above, the issue of contagious diseases in refugee camps should be addressed at two different levels, both vital to a fruitful debate: the legal and political one and the “operational” one.

LEGAL BACKGROUND

Considered one of the basic human rights⁵², The Right to Health is addressed in numerous international legal documents. Article 25.1 of the Universal Declaration of Human Rights states that “everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care [...]”. Sub-clause 2 specifies that “motherhood and childhood are entitled to special care and assistance”.⁵³

The International Covenant on Economic, Social and Cultural Rights (Covenant ESCR) declares that “the State Parties [...] recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” (Article 12.1); sub-clause (c) of Article 12.2 specifically addresses the issue of epidemic and endemic diseases.

Although not legally binding, the 17 Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development should be taken into account as well. Goal #3 (“Good health and well-being”) is particularly relevant, since targets connected to this goal include achieving universal health coverage, supporting the research and development of vaccines and medicines for communicable diseases, and strengthening the capacity of developing countries for an effective management of health risks.⁵⁴

Furthermore, in September 2016 the General Assembly adopted the New York Declaration for Refugees and Migrants. Despite not being directly related to the protection of the right to a healthy life, this resolution should be carefully considered because it marked a turning point in the way UNHCR and the UN at large operate in refugee-related issues. The core idea of the Declaration is in fact that the international community should no more respond to refugee displacement through a “purely, and often underfunded, humanitarian lens”⁵⁵; on the contrary, a “more comprehensive, predictable and sustainable response”⁵⁶ would benefit not just refugees but also host communities.

The consequences of this new *modus operandi* could easily be seen, for example, in health-related interventions. Instead of setting up parallel and costly medical services in order to address the needs of refugees exclusively, funds should be used to improve the local healthcare system, so that all the inhabitants of the region - both refugees and their hosts -

⁵¹ Oscar Nikala, “Over 1000 infected in new Nigeria diarrhea outbreak”, *Outbreak News Today*, accessed 10 September 2018, <http://outbreaknewstoday.com/1000-infected-new-nigeria-diarrhea-outbreak-44758/>.

⁵² WHO, “Health is a fundamental human right”, WHO, accessed 26 September 2018, <http://www.who.int/mediacentre/news/statements/fundamental-human-right/en/>

⁵³ GA Resolution 217 A, “Universal Declaration of Human Rights”, *United Nations*, 10 December 1948, accessed 4 September 2018, https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf.

⁵⁴ Sustainable Development Goals, “Goal 3: Ensure healthy lives and promote well-being for all at all ages”, *United Nations*, accessed 3 August 2018, <https://www.un.org/sustainabledevelopment/health/>.

⁵⁵ UNHCR, “New York Declaration: a Quick Guide”, *UNHCR*, accessed 4 August 2018, <http://www.unhcr.org/57e4f6504>.

⁵⁶ *Ibid.*

could benefit from it. The New York Declaration also tasked the UNHCR with developing a “Global Compact for Safe, Orderly and Regular Migration” (commonly known as Global Compact for Refugees, GCR), an inter-governmentally negotiated agreement aimed at addressing all dimensions of international migration. Despite the fact that health was not included in the six thematic sessions that precluded the writing of the GCR, the final draft of the document (“Final Draft of the Global Compact on Refugees”), which is expected to be presented by the High Commissioner by the end of 2018, touches upon the issue at paragraphs 72 and 73.

Finally, it should be noted that in 2014 UNHCR published a list of “Public Health Strategic Objectives” for the period 2014-2018; decreasing morbidity from communicable diseases and epidemics is one of the most important goals in the list. In debating the issue at hand, delegates should consider the legal and political landscape outlined above and decide whether the final resolution of the committee should abide by the existing framework or introduce any change.

OPERATIONAL LANDSCAPE

Communicable diseases are a major cause of mortality and morbidity in refugee camps and one of the most dangerous threats in emergencies, “where collapsing health services and disease control programmes, poor access to health care, malnutrition, interrupted supplies and logistics, and poor coordination among the various agencies providing health care often coexist”.⁵⁷ It is clear that the only way to effectively tackle the issue is then to adopt a systematic approach, focusing not just on how to control outbreaks but on all the stages of disease prevention.

An assessment of the communicable disease threats faced by the emergency-affected population should be the first step in setting up an efficient health care system in refugee camp. Identifying the risks to which the population is exposed is enormously helpful in establishing a prevention plan.

Prevention represents indeed a major task in epidemic control and spans a number of issues, from nutrition to WASH (water, sanitation and hygiene). Ensuring good WASH services in refugee camps include providing sufficient water supplies (mostly for hand washing, which is vital during an epidemic outbreak, as well as for bath shelters or showers and for laundry facilities) and managing excreta and solid waste. WASH objectives in refugee camps change over time. Though the main goal during an emergency phase is to organize immediate lifesaving interventions (such as building communal WASH facilities as fast as possible), in the long run more sustainable objectives should be pursued, looking for less costly solutions (e.g. handover of responsibility to national authorities) that can ensure a higher level of well-being (e.g. household WASH facilities).

⁵⁷ M.A. Connolly (edited by), “Communicable disease control in emergencies. A field manual”, *World Health Organization*, accessed 5 August 2018, http://apps.who.int/iris/bitstream/handle/10665/96340/9241546166_eng.pdf;jsessionid=2405A02E1619EFCE00BF707F5E7F5C20?sequence=1.

The UNHCR has outlined a number of “WASH protection principles”⁵⁸ that should be taken into account in setting up sanitation facilities. The most important principles are: consultation, participation and accountability (communities are consulted in the planning, design and maintenance phases of interventions); equitable access to WASH (people with specific needs and vulnerabilities are not left behind); protection, safety and privacy (protection from violence and privacy considerations are integrated into WASH programmes).

Another tool that is crucial to the successful prevention of epidemics is community mobilization. Community mobilization activities should focus on different areas, but mainly on enhancing awareness on diseases and hygiene and building community capacity to take care of infected people at home during outbreaks.⁵⁹ Moreover, the participation of the whole community can be very important in strengthening the disease surveillance system: detecting early symptoms of a communicable disease may help to save hundreds of lives.

In order to ensure proper epidemic preparedness, stockpiles and sufficient supplies of medicines are essential, since during the outbreak transportation may be disrupted. However, stockpiling is very costly, especially when expensive goods such as medicines are needed. The task is then to find a balanced approach by taking into account prevention needs, but also the situation of chronic underfunding common to most refugee camps.⁶⁰

Vaccines are among the most useful medical supplies. In fact, as reported by the UNHCR Emergency Handbook, “the main causes of deaths [...] in emergency situations are vaccine-preventable and communicable diseases”. Vaccines are particularly helpful in protecting children living in camps, who are often already exposed to a vast number of threats, from malnutrition to shortage of water. If sufficient supplies of medicines and vaccines are important, well-trained medical personnel and adequate health facilities are essential. In preparing for facing an epidemic outbreak, some key aspects have to be considered⁶¹:

- Not all the medical team can be devoted to dealing with the outbreak only. Emergency medical care, treatment of common ailments, medical assistance for childbirth must always be operative;
- Because of staff illness and absenteeism, a diminished capacity should be taken into account;
- Functioning health facilities require constant water and energy supply; extra generators should then be set up;
- Medical facilities have to be built so that infected patients are separated from those who have not contracted the disease; safety of visitors must be ensured as well.

In providing health care in refugee camps, the UNHCR is committed to follow national standards wherever available. If those are not applicable, minimum standards are set by

⁵⁸ UNHCR, “WASH Manual. Practical Guidance for Refugee Settings”, UNHCR, 2017, accessed 4 September 2018, <http://wash.unhcr.org/unhcr-wash-manual-for-refugee-settings/>.

⁵⁹ UNHCR, “Epidemic Preparedness and Response in Refugee Camp Settings”, UNHCR, accessed 5 August 2018, <https://cms.emergency.unhcr.org/documents/11982/54561/UNHCR%2C+Epidemic+Preparedness+and+Response+in+Refugee+Camp+Settings%2C+2011+--/066ef592-d1bb-4059-a6dd-41900e4c8ade>.

⁶⁰ Ibid.

⁶¹ Ibid.

SPHERE⁶², a project led by NGOs and the International Red Cross in order to provide “common principles and universal minimum standards in life-saving areas of humanitarian response”.⁶³

As outlined in previous paragraphs, epidemic preparedness in refugee camps involves an enormous number of issues: provision of adequate WASH facilities, stockpiles of medicines and vaccines, sufficient food supply, community mobilization, functioning health facilities, trained medical staff. It is, therefore, essential for the UNHCR to coordinate with all the organizations dealing with those issues from NGOs to other UN bodies. Partnerships may be established with organizations specialized in medical support (e.g. the Red Cross, Médecins Sans Frontières) as well as with NGOs aimed at helping specific parts of the population (e.g. Save the Children) or at improving general living conditions (e.g. Oxfam). Cooperation with UNICEF and the WHO - just to mention two examples - may also turn out to be extremely fruitful.

Where possible special attention should be given to ensuring that a good relationship with the local Government (and with the Ministry of Health and other relevant local actors specifically) is established. The UNHCR, according to its Public Health Strategic Objectives 2014-2018 (which include ensuring integration within national services), should indeed encourage the authorities to grant refugees access to national healthcare services, or, where this is not possible, cooperate with them in order to improve the situation; this, of course, benefits not only the refugees but the entire local population.

Delegates should carefully consider the operational difficulties that the UNHCR officers face in ensuring adequate health conditions in refugee camps in all the stages of the “epidemic preparedness” chain (prevention, surveillance, immediate response, outbreak control and monitoring).

OTHER RISKS

Apart from the obvious risks for the health of refugees, epidemics in camps may also lead to other major risks. Firstly, if adequate health services are not provided, the security in camps could be compromised because of demonstrations or violent behaviours (including gender-based ones).⁶⁴ Secondly, refugees may adopt unsafe coping strategies exposing themselves to unnecessary risks. Moreover, there could be an increase in xenophobia if refugees are believed to have brought new diseases into the region.⁶⁵ Relations between refugees and the host population may be harmed as well by disparities in health care systems inside and outside camps. Delegates must address these risks and find a balance between security issues and the necessity to guarantee the civilian and humanitarian character of refugee camps.

⁶² UNHCR, “Emergency Handbook. Health in Camps”, *UNHCR Emergency Handbook*, 2018, accessed 4 September 2018, <https://emergency.unhcr.org/entry/111814/health-in-camps>.

⁶³ The Sphere Project, “Sphere in brief”, The Sphere Project, 2018, accessed 25 September 2018, <http://www.sphereproject.org/about/>

⁶⁴ UNHCR, “Emergency Handbook. Health in Camps”, *UNHCR Emergency Handbook*, 2018, accessed 4 September 2018, <https://emergency.unhcr.org/entry/111814/health-in-camps>.

⁶⁵ *Ibid.*

ALTERNATIVES TO CAMPS

According to the 2017 Global Results of the UNHCR Diagnostic Tool for Alternatives to Camps, 31% of refugees worldwide are living in camps.⁶⁶ The UNHCR tirelessly works to promote alternatives to camps in order to ensure better standards of living and foster integration into host communities. This vision was reaffirmed in the aforementioned New York Declaration: clause 73 states that “we recognize that refugee camps should be the exception and, to the extent possible a temporary measure in response to an emergency”.

As mentioned above, a lot of the causes that may lead to outbreaks of communicable diseases originate from poor living conditions in camps, where malnutrition; lack of WASH facilities; and insufficient medical assistance are common. Moreover, camps are often overcrowded and the excessive number of people makes obviously extremely difficult to avoid the spreading of communicable diseases. Therefore, a solution to the issue of epidemics in refugee camps may strengthen the UNHCR’s commitment to promoting alternatives to camps and highlight how that strategy would be significant in solving a great number of health-related issues afflicting refugees. Of course, in considering this option, delegates should keep in mind that such a decision would require strong political agreement and shared policies to provide effective alternatives to camps.

QUESTIONS A RESOLUTION SHOULD ANSWER

- Are the existing multilateral agreements stating the Right to Health able to provide a sufficient level of protection to refugees? If not, what could be changed or addressed more specifically? In answering this question, delegates should keep in mind that the UNHCR do not has the power to directly amend these agreements; changes, however, could be suggested to the relevant multilateral bodies.
- Which role should the protection of refugees’ health - specifically against communicable diseases - play in the Global Compact for Refugees? Does the existing draft tackle the issue in an appropriate way?
- How can the principles outlined in the New York Declaration and in the 2030 Agenda for Sustainable Development be used for setting common standards in dealing with the issue of communicable diseases in refugee camps?
- How can the UNHCR facilitate the prevention of epidemic outbreaks in camps? Poor WASH conditions and malnutrition should be carefully considered as they are among the main causes of outbreaks.

⁶⁶ Please note that for the purpose of this study the definition of camp applies not only to planned and managed camps but also to informal and self-settled camps, transit sites, collective centres, evacuation centres or reception centres; this is why these data may seem inconsistent with other studies that use a more restrictive definition of camps.

- Should the integration of refugees into local healthcare systems (at least for epidemic prevention) be considered a priority?
- How can the UNHCR establish a fruitful cooperation with all actors involved in granting refugees' health? Which are the most important partners that the Committee should consider?
- How can the Committee find an adequate balance between security issues and the necessity to guarantee the civilian and humanitarian character of camps, especially during outbreaks?
- How can the refugee population be actively involved in prevention strategies?
- Can promoting alternatives to camps be considered an effective way of tackling the issue of contagious diseases in refugee camps?

SUGGESTIONS FOR FURTHER RESEARCH

The 2016 *New York Declaration* and the 2030 *Agenda for Sustainable Development* are milestones for each and every topic involving refugees. A quick read is therefore highly recommended. UNHCR has also published a short guide to the New York Declaration, accessible at <http://www.unhcr.org/events/conferences/57e4f6504/new-york-declaration-quick-guide.html>;

UNHCR Emergency Handbook is easily accessible online (<https://emergency.unhcr.org/entry/111814/health-in-camps>). The paragraph "Health in camps" offers a quick introduction to the topic and is very useful in outlining the key points of the discussion;

The field manual *Communicable diseases control in emergencies* by the World Health Organization (edited by M.A. Connolly, 2005) is a very complete paper about the topic at hand. However, since it is imagined for on-field officials, skimming through it (and through its index mainly) is definitely more than enough. The manual can be found online at http://www.who.int/diseasecontrol_emergencies/publications/9241546166/en/;

The guide *Operational Protection in Camps and Settlements* lists UNHCR good practices and can be useful for having a broader picture of all the difficulties that emerge when working in camps. Again, since the document is very long, skimming through it is sufficient.

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